10/700,934

PATENT APPLICATION FEE DETERMINATION RECO									~\ .a	ppiicatioi	ט וט ו	Ocket Nui	
Effective October 1, 2003									1	11-11	1	WO	100
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	. EM	NTITY	OR		R THAN ENTITY
TOTAL CLAIMS			11					RATE F		FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			// minus 20=		.0			X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS					. 6			X43=		_	OR	X86=	
М	ULTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		-	1	+290=	
*	* If the difference in column 1 is less than zero, enter "0" in column 2									381	OR	TOTAL	
CLAIMS AS AMENDED - PART II									٠ ١	00	Jon	OTHER	THAN
		(Column 1)		(Colun		(Column 3)	3) SMALL EN			NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***	• • •	=		X43=	1		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1			+290=	
									1	<u>:</u>	OR	TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FE			OR,	DDIT. FEE	
_		CLAIMS		(Colum	ST	(Column 3)	ı		_	ADDI-	Г		, ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA		RATE		FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		-		X43=	1		OR	X36=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b> </b>	1145-	†		T	.200÷	
							L	+145= TOTA	╀		OR L	+290= TOTAL	
									ĒL		OR A	DDIT. FEE	
	`	(Column 1) CLAIMS		(Colum		(Column 3)	-		_		г		
3 L		REMAINING AFTER AMENDMENT	,	NUMBI PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= ,		X\$ 9=			OR	X\$18=	
	Independent		Minus	Ad-A		=	r	X43=	T		.	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (	CLAIM		·		+		OR		
• 14	the entry in colum	nn 1 is less than the	entruin colu	nn 9 veite *	n° in coh	ıma 3	L	+145=	L		OR	+290=	
[	f the "Highest Nun f the "Highest Nun	nber Previously Pain nber Previously Pain per Previously Paid	d For IN THIS d For IN THIS	SPACE is I	ess than	1 20, enter "20." 1 3. enter "3."		TOTAL DDIT. FEE of in the a	L			TOTAL DDIT. FEE mn 1.	